

# SUPERVISED INDIVIDUAL INDIAN MONEY (IIM) ACCOUNTS: DISTRIBUTION PLAN

Effective Date: September 26, 2001

ACCOUNT HOLDER NAME	_____
DATE OF BIRTH (mm/dd/yyyy)	____/____/____
BEGINNING AND EXPIRATION DATE	____/____/____ - ____/____/____

NOTE: OTFM will only make payments based on a fully completed and approved BIA distribution plan.

## A - ACCOUNT HOLDER INFORMATION (Self-explanatory)

ACCOUNT HOLDER'S FULL NAME (First, Middle, Last Name, and Suffix)   _____	OTHER NAMES USED (For example: maiden, also known as [AKA], etc.)   _____
DATE OF BIRTH (mm/dd/yyyy)   ____/____/____	SOCIAL SECURITY NUMBER   _____

## B - PERFORMANCE STATEMENT AND 1099 MAILING INFORMATION (See instructions on last page)

FULL NAME (First, Middle, Last Name, and Suffix) OF: <input checked="" type="checkbox"/> ACCOUNT HOLDER OR (if applicable), <input checked="" type="checkbox"/> CUSTODIAL PARENT OR <input checked="" type="checkbox"/> GUARDIAN/ <input checked="" type="checkbox"/> If Guardian, court order attached   _____	MAILING ADDRESS (Street or P.O. Box, City, State, and Zip Code)   _____   _____
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## C - ACCOUNT INFORMATION (Self-explanatory)

IIM ACCOUNT NUMBER(S) (Identify account(s) covered by the plan)   _____   _____   _____	TYPE OF ACCOUNT SUPERVISION (Please check appropriate box) <input checked="" type="checkbox"/> ADULT IN NEED OF ASSISTANCE <input checked="" type="checkbox"/> LEGAL DISABILITY <input checked="" type="checkbox"/> NON COMPOS MENTIS (Court Order Attached) <input checked="" type="checkbox"/> EMANCIPATED MINOR <input checked="" type="checkbox"/> MINOR
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## D - DISTRIBUTION PLAN INFORMATION (Self-explanatory)

TYPE OF DISTRIBUTION PLAN (Please check appropriate box and provide date)

INITIAL DISTRIBUTION PLAN

MODIFICATION OF PLAN (Provide date of initial plan to be modified: mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

SUSPENSION OF PLAN (Provide date of initial plan to be suspended: mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

CANCELLATION OF PLAN (Provide date of initial plan to be canceled: mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: BIA Officer-in-Charge has approved removing the restriction from the account.

### PRIVACY ACT STATEMENT and PAPERWORK REDUCTION ACT NOTICE

The information requested on this form is required for the purpose of disbursing money by a Federal agency. All information provided above is protected under the Privacy Act at 5 U.S.C. 552 (b)  which States that the IIM Account Information can be provided only to government employees whose duties require access. You are not required to provide the information requested on a form  that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number.

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## E - PAYMENT INFORMATION *(See instructions on last page -If there are more than two separate disbursements, copy and attach this page to the plan, and check the box.)* **9**

PURPOSE OF THE DISBURSEMENT (E.G., RENT, UTILITIES, CLOTHING, ETC.)	_____
FREQUENCY (M=Monthly, Q=Quarterly, W=Weekly, BW=Bi-Weekly, A=Annual, O=One Time)	_____ STOP DATE (mm/dd/yyyy) ____/____/____
DATE PAYMENT DUE TO PAYEE (OTFM-Allow 5 days for check/2 days for Direct Deposit delivery)	_____
PAYMENT AMOUNT (\$) AND IIM ACCOUNT NUMBER(S) (From which payment will be made)	(\$) _____ IIM ACCOUNT # _____
NAME OF PAYEE (First, Middle, Last Name, Suffix, or Name of Business)	_____
<b>9</b> PAYMENT BY CHECK (Enter mailing address/Street or P.O. Box, City, State, and Zip Code)	_____
<b>9</b> PAYMENT BY DIRECT DEPOSIT/EFT (Please complete a. through c. below)	<b>9</b> CHECKING ACCOUNT OR <b>9</b> SAVINGS ACCOUNT
a. NAME(S) ON THE BANK ACCOUNT (First, Middle, Last Name, Suffix, or Business Name)	_____
b. BANK ROUTING NUMBER & PAYEE'S BANK ACCOUNT NUMBER	_____
c. NAME OF BANK AND TELEPHONE NUMBER	_____

## E - PAYMENT INFORMATION *(Continued - See instructions on last page)*

PURPOSE OF THE DISBURSEMENT (E.G., RENT, UTILITIES, CLOTHING, ETC.)	_____
FREQUENCY (M=Monthly, Q=Quarterly, W=Weekly, BW=Bi-Weekly, A=Annual, O=One Time)	_____ STOP DATE (mm/dd/yyyy) ____/____/____
DATE PAYMENT DUE TO PAYEE (OTFM-Allow 5 days for check/2 days for Direct Deposit delivery)	_____
PAYMENT AMOUNT (\$) AND IIM ACCOUNT NUMBER(S) (From which payment will be made)	(\$) _____ IIM ACCOUNT # _____
NAME OF PAYEE (First, Middle, Last Name, Suffix, or Name of Business)	_____
<b>9</b> PAYMENT BY CHECK (Enter mailing address/Street or P.O. Box, City, State, and Zip Code)	_____
<b>9</b> PAYMENT BY DIRECT DEPOSIT/EFT (Please complete a. through c. below)	<b>9</b> CHECKING ACCOUNT OR <b>9</b> SAVINGS ACCOUNT
a. NAME(S) ON THE BANK ACCOUNT (First, Middle, Last Name, Suffix, or Business Name)	_____
b. BANK ROUTING NUMBER & PAYEE'S BANK ACCOUNT NUMBER	_____
c. NAME OF BANK AND TELEPHONE NUMBER	_____

NOTE: OTFM will only make payments based on a fully completed and approved BIA distribution plan.

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## F - RECOMMENDING AND AUTHORIZING OFFICIAL SIGNATURES *(See instructions on last page)*

<b>RECOMMENDING OFFICIAL</b>	<b>BIA OFFICER-IN-CHARGE</b>
DATE SIGNED (mm/dd/yyyy) <i>This is the recommendation date.</i>	DATE SIGNED (mm/dd/yyyy)
SIGNATURE <i>(Signature acknowledges that the recommended payments/withdrawals under the Distribution Plan are deemed to be in the best interest of the Account Holder).</i>	SIGNATURE <i>(Signature certifies that the payments/withdrawals under the Distribution Plan are deemed to be in the best interest of the Account Holder).</i>
PRINT NAME AND TITLE	PRINT NAME AND TITLE
PHONE NUMBER	PHONE NUMBER

## G - BIA INTERNAL USE ONLY- AFTER APPROVAL *(See instructions on last page)*

OTFM <i>(Date sent to OTFM)</i>	____/____/____	INITIAL		DATE	____/____/____
CASE FILE <i>(Date filed by BIA)</i>	____/____/____	INITIAL		DATE	____/____/____

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# INSTRUCTIONS TO COMPLETE THE SUPERVISED IIM ACCOUNT DISTRIBUTION PLAN (Effective Date: September 26, 2001)

## Top Right-Hand Corner of Plan:

(For BIA Reference – this information must be provided on each page of the Distribution Plan.)

**Beginning date** Enter Beginning Date **after** the BIA Officer-in-Charge has signed the initial distribution plan for a given year. The Beginning Date is the actual date that the BIA officer-in-charge signed the initial distribution plan.

**Expiration date** Enter the expiration date **after** the distribution plan is signed. The expiration date must not exceed one year from the beginning date of the initial distribution plan.

## A - Account Holder Information (self-explanatory)

## B - Performance Statement and 1099 Mailing Information

**Full name of** Identifies the person(s) who is to receive the statement of performance for the account and a copy of the 1099 form, which was sent to the Internal Revenue Service.

Check “**Account Holder**” if the account holder is:

- < **an adult in need of assistance with no legal guardian.** Enter the account holder's name.
- < **an emancipated minor.** Enter the account holder's name. Attach a copy of the court order emancipating the minor or a copy of the account holder's marriage certificate.
- < **legally disabled with no legal guardian.** Enter the account holder's name. Also, if the BIA serves as the Representative Payee for other federal dollars, enter the name of the BIA officer-in-charge.

Check “**Custodial Parent**” and enter the custodial parent's name if the account holder is a *minor* and resides with the parent named.

Check “**Guardian**” if the account holder is:

- < **a minor who has had a legal guardian appointed.** Enter the name of the guardian and attach a copy of the court's guardianship order.
- < **an adult in need of assistance who has a legal guardian over his or her property.** Enter the name of the guardian and attach a copy of the court's guardianship order.
- < **legally disabled with a legal guardian over his or her property.** Enter the name of the guardian and attach a copy of the court's guardianship order.
- < **Non-compos mentis.** Enter the name of the guardian and attach a copy of the court's guardianship order.
- < **a ward of the court** and no person or entity has been given guardianship over the account holder's property. Enter the name of the court. If the court has named a person or entity (e.g., BIA) as having control over the account holder's property, enter the name of that person or entity. Attach a copy of the court order.

NOTE: If a person/entity has been appointed by a court to serve as a legal guardian without limitation, that person/entity will have control of the account holder's property. However, if a

person/entity is given guardianship over the account holder or is given control and custody of the account holder, the appointed person/entity does not have control over the property. Do **not** enter the name of the person with whom the child resides (e.g., foster parent, grand parent) if that person has not been appointed legal guardian by a court of competent jurisdiction.

**Mailing address** Enter the address of the person(s) or entity identified to receive the statement of performance and a copy of the 1099 form sent to the Internal Revenue Service.

## C - Account Information (self-explanatory)

## D - Distribution Plan Information (self-explanatory)

## E - Payment Information

**Purpose for the disbursement** For each recommended disbursement, state the *specific purpose* for the disbursement (e.g., rent, clothing, utilities, etc.). The purpose may **NOT** be “one-time disbursements as needed.” If the account holder resides with other persons, and is only responsible for part of the rent, utilities, telephone, etc., include that information in this line (e.g., ½ of electricity bill).

**Frequency** Enter the appropriate letter (e.g., M = every month, Q = every three months/quarter, etc.) to indicate how often you want OTFM to disburse the funds. Also, indicate the “Frequency Stop Date” that is the date the recurring payment will stop (i.e., if the payment is to be made for the next 6 months, and the payment begins on January 15<sup>th</sup>, the frequency stop date will be June 18<sup>th</sup>.) *If no stop date is provided, it will default to the expiration date of the distribution plan.*

**Date payment is due to payee** Enter the date that the payment is due to the payee. (E.g., if a utility payment is being made, enter Bill due date on the form.) This will allow OTFM to make a timely disbursement so that the payment can be received by the due date.

**Payment amount (\$) and IIM account number(s)** Enter the payment amount (\$). If more than one IIM account number was given in section “C-Account Information” above, enter the specific IIM account number(s) from which OTFM will disburse funds for the payment.

**Name of the payee** Enter the full name of the individual or entity who will receive the disbursement. *Note: No BIA employee, tribal contractor employee, BIA social services or tribal social services may be named payee for IIM funds of an account holder.*

**Payment by check** If payment is to be made by check, place an X in this box and enter the payee's mailing address. *Note: No checks may be sent “care of” Superintendent or social services without the approval of the Deputy Commissioner of Indian Affairs.*

**Payment by direct deposit/EFT** If payment is to be made by direct deposit/EFT, then check this box and indicate whether the

direct deposit/EFT will be made into the payee's **checking account** or **savings account**.

- a. **Name(s) on the bank account** Enter the names of individuals who have access to the bank account.
- b. **Bank routing number & payees bank account number** (self-explanatory)
- c. **Name of bank and telephone number** (self-explanatory)

## F - Recommending and Authorizing Official Signatures

**Recommending official** The recommending official is the person who develops the plan and recommends its approval to the BIA officer in charge.

**Date signed** (self-explanatory)

**Signature** The Recommending Official must sign the distribution plan. The signature acknowledges that the recommended payments/withdrawals under the plan are deemed to be in the best interest of the account holder.

**Print name and title** (self-explanatory)

**Phone number** (self-explanatory)

**BIA Officer-in-Charge** The BIA Officer-in-charge is the person who has delegated authority from the Secretary to approve disbursements from a supervised IIM account.

**Date signed** If the distribution plan being signed is the initial plan for any given year, then the date signed is also the **beginning date** of the plan which should be filled-in on the top right corner of each page of the plan. If the plan is a modification, suspension, or cancellation of an existing distribution plan for a given year, the date that the BIA Officer-in-Charge signed the plan does not effect the beginning date of the initial distribution plan. However, if an existing distribution plan is to be canceled, the date the distribution plan is signed becomes the expiration date of the plan.

**Signature** The BIA Officer-in-Charge must sign distribution plan before it becomes effective. The signature certifies that the payments/withdrawals under the plan are deemed by him or her to be in the best interest of the Account Holder.

**Print name and title** (self-explanatory)

**Phone number** (self-explanatory)

## G - BIA Internal Use Only (After approval)

**OTFM** Enter the date that a copy of the plan and any attachments were sent to OTFM and **initial** and enter the **date** that this information was recorded on the plan.

**Case file** Enter the date the plan was filed in the **case file** and **initial** and **date** when the information was recorded in the plan.

**ALL INFORMATION PROVIDED IS PROTECTED**   
**UNDER THE U.S. PRIVACY ACT.**